U.S. Department of Labor Office of Labor-Management Standards Washington, E/C 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- /カ3/3

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Nancy A Cary	Name I.B.E.W. Local 48	
	Labor Organization File Number 033 - 435	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5307 NE 127th St	Street 15937 NE Airport Way	
City Vancouver	City Portland	
State Washington ZIP Code + 4 98686	State Oregon ZIP Code + 4 97230-4958	
5. Position in later organization. Trustee: NECA/IBEW Training Trust		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		

Signature

ZIP Code + 4

7.b. Amount.

	malties of the law, that all of the information mined by the signatory and is, to the best of the
section on penalties in the instruc	
On 08/15/2005	360 - 574 - 4622
Date	Telephone Number
	on 08/15/2005

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or salling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade pages if any).

8. Name and address of Business (including trade name, if any). 9. Business deals with Name I.B.E.W. Local 48 a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 15937 NE Airport Way Portland City State Oregon ZIP Code + 4 97230-4958 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Serve as trustee tho is responsible for directing Name NECA IBEW Electrical Training Trust the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust. Trade Name, il any: P.O. Box, Bldg, Room No., if any Street 16021 NE Airport Way 11.b. Approximate dollar value of such dealing. \$76B City Portland 12.a. Nature of interest held or income received. 2004 NJATC Regional Conference: State Oregon ZIP Code + 4 97230 Registration \$150. Hotel \$194. Airfare \$228. Misc Meals \$87. \$ 9. Leather Binder \$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg , Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant 7

12.b. Amount.

\$768